

Review of *Handbook of Behavior Therapy in the Psychiatric Setting* Edited by A. S. Bellack and M. Hersen

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The goal of this volume is to provide a manual for the practice of behavior therapy in inpatient psychiatric settings. It is intended for psychiatrists and social workers, as well as for psychologists who function as clinicians in psychiatric clinics and hospitals.

The book is divided into four sections: "General Issues" (10 chapters), "Treatment of Adult Disorders" (8 chapters), "Treatment of Childhood and Adolescent Disorders" (8 chapters), and "Family Problems" (5 chapters). Each chapter in the latter three sections focuses on a particular clinical disorder, such as affective disorders, conduct and oppositional disorders, and marital distress. The chapters in the "General Issues" section discuss a variety of concerns that affect all behavior disorders, including psychopharmacology, medical complications, hospital structure and professional roles, and staff training and consultation.

The chapters on clinical disorders all follow the same general format. They first provide descriptive information about the disorder, such as definitional criteria, prevalence, and comorbidity. Next they review the "prototypical" assessment and treatment strategies, which are followed by a discussion of the "typical" procedures. *Prototypical* here refers to how the procedures are described in textbooks and journal articles, or how they might be implemented in research protocols, and *typical* refers to how the procedures are actually implemented in clinical settings, given the inevitable messiness of complex clinical environments. The formats

of the "General Issues" chapters are understandably more variable, given their variable content.

The editors have achieved their goal for this large and complex book. It covers an extremely wide range of practical and substantive issues that are faced by behavior therapists in inpatient settings during their day-to-day professional activities. The quality of the individual chapters ranges from very good to excellent, and all of them are informative, concise, data based, and pragmatically useful. I highly recommend this book to persons who are or who plan to be working as behavior therapists in psychiatric settings. My guess is that they would refer to it quite often.

Aside from its pragmatic value, some broader aspects of the book may be of interest to some readers of *The Behavior Analyst*. In their preface, the editors note the temporal proximity of the book's publication to the 25th anniversary of the Association for the Advancement of Behavior Therapy (AABT). In this context, the book's existence reflects a difficult but successful beginning in transferring the behavior therapy technology promoted by AABT to the uninviting territory of the medical-psychiatric community. The inimical conceptual frameworks of psychiatry and behavior therapy, as well as the medical community's administrative and political control of inpatient treatment settings, have made it difficult to gain entry into these contexts and to function within them once inside. For this reason, the editors and chapter authors of this book are to be lauded for their efforts and success.

Several issues involved in this technology transfer are discussed by the editors in their preface and chapter 1 (Clinical Behavior Therapy with Adults). Some aspects of the process may grate the sen-

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sibilities of some readers of this journal, primarily because implementing behavioral procedures in settings controlled by psychiatrists has required significant compromises in the general beliefs of behavior therapists. A common example is in the area of assessment, where the psychiatric setting demands classifying patients according to the categories of the *Diagnostic and Statistical Manual* of the American Psychiatric Association. Although assigning these diagnoses is necessary, they are derived from a framework that is conceptually incompatible with a functional analysis of behavior-environment relations, and they typically have little or no relation to the behavioral assessment or therapy procedures that are actually implemented.

More generally, it seems that behavioral clinical procedures are currently

viewed as potentially useful techniques to be assimilated into the broader approach to patient behavior change based on the conceptual framework of psychiatry. This is despite the fact that the behavioral procedures have been documented to be as (or more) effective than many, if not most, of those developed by psychiatry. It may occur to some readers of this journal that things should be the other way around, with psychiatric procedures being viewed as potentially useful techniques to be assimilated into a broader approach to patient behavior change based on the conceptual framework of behavior analysis. Perhaps these readers are correct, but that is not the current reality. How the current situation developed and what may be done in the future to modify it are topics for a quite different book.